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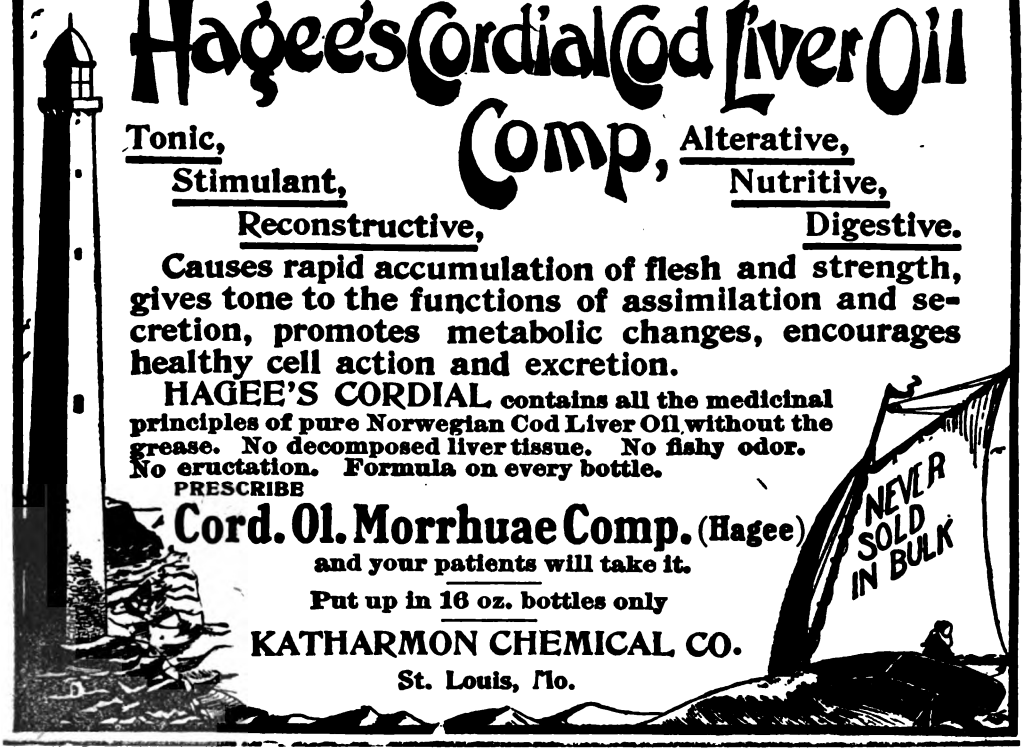

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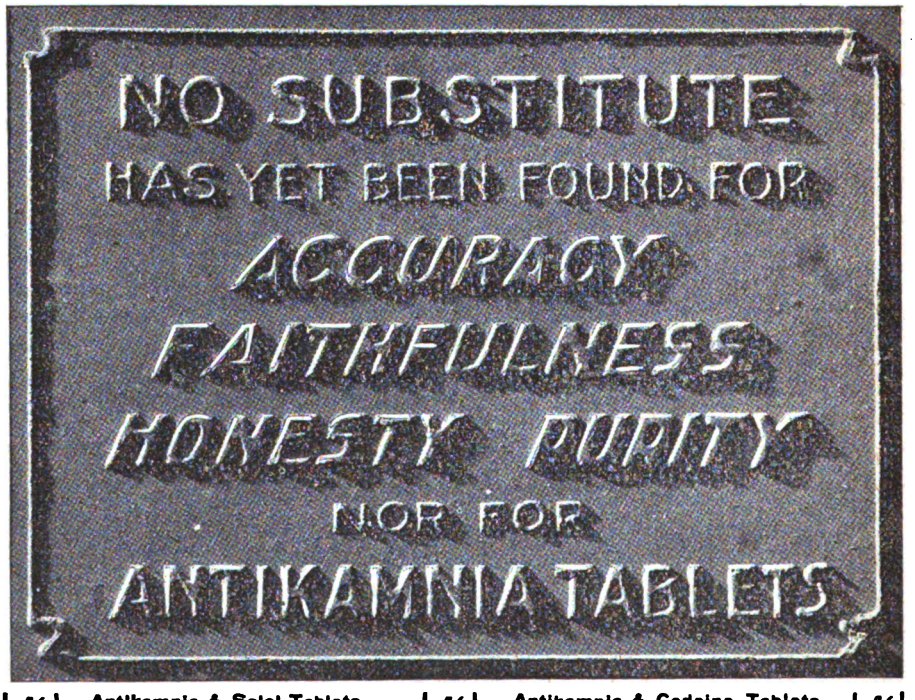

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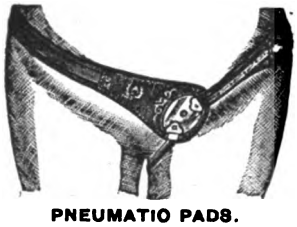

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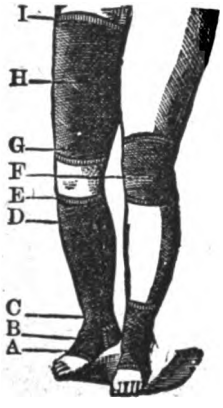

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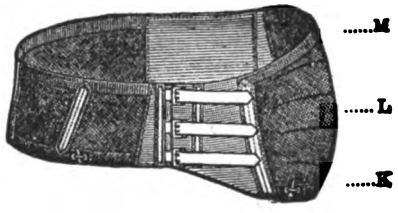

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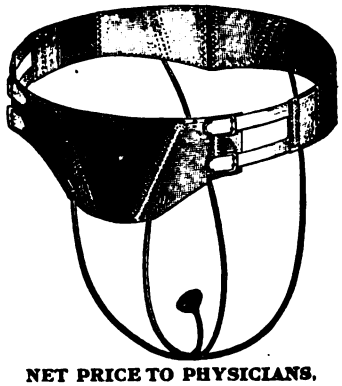

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ORIGINAL ARTICLES

SOME PRACTICAL THOUGHTS ON INFANT FEEDING.

BY WM. A. DICKEY, A. M., M. D., PROFESSOR PRACTICE OF MEDICINE AND CLINICAL MEDICINE, TOLEDO MEDICAL COLLEGE, TOLEDO, O.

Read Before the Ohio State Pediatric Society, at Dayton, Ohio, June, 1903.

A more thorough and comprehensive knowledge of "Infant Feeding" is one of the crying needs of the hour. As proof of this, I need but point you to the terrible mortality among bottle-fed babies with which we are annually confronted.

The pædiatric specialist, always in the van in matters of this kind, is followed too far in the wake, I fear, by the general practitioner, upon whose broad and generous shoulders must ultimately fall the greater portion of this work, for it is he who sees the greater number of cases in which substitute feeding is necessary. The importance of this subject is further augmented when we stop to consider that intimately associated with infant feeding are the diarrhœal diseases so largely preventable, if due attention is paid to proper feeding. Do not infer that I think all the intestinal disturbances of early child life are due to this cause, but certainly by far the greater portion of them are, only a small minority being caused by some special micro-organism, like the bacillus coli-communis or the bacillus of Shiga.

That the mother's milk is the most perfect food for the infant, in the vast majority of cases, is freely admitted by all. Those of us who have practiced medicine for any considerable length of time, however, can distinctly recall cases where the breast milk of the mother was totally unfit for the young infant, and despite our best efforts, could not be used. Occasionally the nipples will be so depressed that the babe cannot nurse, and no amount of manipulation will change this abnormal condition. Quite recently I have had such a case, and the young mother wept bitterly because she could not nurse her babe. At times the death or serious illness of the mother, such as tuberculosis, or pronounced puerperal infection, makes substitute feeding necessary. To the great credit of American motherhood be it said that only occasionally one is found who objects to nursing her offspring, giving as an excuse pressing social duties, the annoyance and inconvenience it causes, or other frivolous excuses and reasons. To objections of this character every physician should enter a most positive protest, pointing out to the mother that the future physical well being of the child depends upon it receiving proper nourishment—such nourishment as she furnishes it and as nature intended it should have.

Undoubtedly the best substitute for mother's milk is cow's milk suitably prepared. Moreover, it is about the only one obtainable by the masses, for, viewed from a commercial standpoint, it must be cheap and universal. As to its mode of preparation, however, all are not agreed. Indeed, when one examines the generous bibliography on the subject, he is in a maze of perplexity as to which one

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is correct, and he is forced to the conclusion that while we have learned much of great value in the past few years, we still have a great deal to learn, as well as some things to unlearn. Ten years ago, Dr. Rotch, that distinguished Boston teacher, whose graceful pen and keen, critical analysis has given us so much of value on this subject, wrote the following in "Keating's Cyclopedia of Diseases of Children:" "In reviewing the immense amount of literature which has accumulated on the subject of infant feeding, we find that the superiority of breast feeding is acknowledged so generally that it may be said to have become a scientific truth. On the other hand, the opinions expressed regarding artificial feeding are so diverse, and so opposed to one another, that it is evident that much which has for years been taught must be unlearned, or, rather, admitted to be untrue, before we can expect to make any intelligent advance in this most difficult subject." I am constrained to believe that what Dr. Rotch wrote ten years ago is, in a large measure, equally as true now, as then.

MOTHER'S MILK THE STANDARD OF COMPARISON.

Having stated elsewhere that breast milk was the infant's natural food, it would be proper to suppose that in the preparation of an artificial diet or substitute, this would form the standard of comparison. I think it is equally as well conceded that, next to mother's milk, cow's milk, properly prepared, is the best, and that in its modification it should be made to conform as nearly as possible to that standard. An analysis of breast milk shows it to contain the following as its chief constituents and their relative proportions: Proteids, 2; fat, 4; sugar, 7. In cow's milk we have, proteids. 4; fat, 4: sugar. 4. The composition of breast milk varies greatly in the same individual at different times and widely in different individuals. Sharpless and Darling, in a very recent issue of the *Boston Medical and Surgical Journal*, give an analysis of 117 specimens, with the following results: Proteids, 1.34; fat, 2.91; sugar, 7.01. What has been said of human milk is true in as great, and possibly a greater degree, of cow's milk. It will differ at times in the same cow, but very widely in different breeds of cattle. For instance, it is a matter of common knowledge that the Jersey gives a milk much richer in the fats or cream than the Holstein or mixed breeds of cattle. So that to be scientifically accurate, we must take into consideration the breed of cattle producing the milk. At first thought this would seem to bring about great complexity rather than simplicity. This, however, is more apparent than real, for the greater portion of us have to deal with the milk of ordinary mixed breeds of cattle, so that the proportions I have given may be accepted as a good working basis in both breast milk and the milk of the cow.

Theoretically, then, the modification of cow's milk would seem to be an easy proposition—simply one of addition and substraction, but practically it is not so easy as it at first appears, for every baby's stomach is a law unto itself, and, like fitting a garment, it is one of cut and try.

It was at one time supposed that the milk from one cow was better than the combined milk from several cows, but this is no longer considered essential, because the milk from one cow is as liable to vary from day to day, and possibly more so, than the milk from an entire herd.

By reference to the proportions given it will be seen at a glance that in cow's milk the proteid is largely in excess, and that to have it correspond with that of the mother it must be diluted one-half, but we at the same time reduce both the fat and the sugar, and that they may correspond these must be added.

THE BEST DILUENT.

The question that now logically presents itself is, what is the best diluent? It is well known that the casein in cow's milk is converted into a large, firm mass in the child's stomach, making it impossible for the digestive enzyms to take care of it, and in consequence, colic, diarrhœa, and a long train of unpleasant manifesta-

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tions, follow, sometimes very serious in character. The selection of the best menstrum to prevent this condition of affairs becomes a vital one. As to which one is best there is still a diversity of opinion; some prefer plain water previously boiled, not a few lime water, many some cereal infusion, while others like certain "foods" with which the market is liberally supplied.

Rotch and White, of Boston, as well as others, are claiming for whey superior properties as a diluent, contending that the coagulum formed is finer, less tough and consequently more easily digested, therefore more suitable for infant feeding than anything that can be used. They, however, use cream in place of ordinary milk.

It will be seen from all the foregoing that the object of either diluent is to so change or break up the curd in the cow's milk as to make it more easily digested by the infant.

The following plan suggests itself because of its simplicity and the ease with which it can be carried out, as well as the fact that it is fairly scientifically accurate and can be easily changed to meet existing conditions:

A level tablespoonful of wheat or barley flour is mixed into a paste with water and then stirred into a pint of water, when it is boiled for ten or fifteen minutes, after which it is strained through a piece of cheese cloth. The boiling insures the thorough disintegration of the starch granules. What is lost by evaporation should be replaced, so that a full pint is had. To this is added a tablespoonful of milk sugar. If a doubt exists as to its purity, or if it cannot be had, cane sugar may be substituted.

Two and one-half parts of this mixture and one and one-half parts of the upper eight ounces of good milk which has stood for six hours will represent the proportions in which they should be used for a new-born babe. A pinch of salt may be added and is beneficial.

If milk is put in a clean, well stoppered bottle or fruit jar with a screw top, and placed on ice and allowed to stand, the cream or fat will collect on the surface and will decrease in richness from the top toward the bottom and will, of course, vary with the length of time it is allowed to stand. By pouring or dipping off from the upper portion the amount of fat to be used at each feeding can be fairly well gauged.

As an example: A quart of good milk allowed to stand for six hours, the upper eight ounces will yield 10 per cent. of cream; if allowed to stand eight hours the upper eight ounces will represent 12 per cent. of cream. If allowed to stand eight hours the upper six ounces will represent 16 per cent.

In feeding an infant it is always best to commence with a low per cent, of proteids, lest the digestion be disturbed. Allow me to return for a moment to the diluent. The objection that is urged against the use of cereal infusions is that they contain starch and that this should not enter into the infant's dietary. This objection is based on the assumption that the glands about the oral cavity, as well as those of the stomach and bowels, do not secrete a substance capable of transforming starch into sugar, hence the infant is unable to digest and assimilate it. Jacobi says that very young infants can and do digest starch. That it is wrong to assume that no saliva is secreted even at a very early age. That the parotid and sub-maxillary glands of a healthy three-months-old fœtus contain a ferment capable of doing this.

Schiffer has proved such transformation in a babe two hours old. From this it will be seen that the objections urged against the diluents containing a small amount of starch rest upon no real, substantial basis. I have said "a small amount of starch." It is conceded by all that large amounts of starchy foods, no matter of what kind, should not be given the infant. Putting it conversely then, it is the abuse and not the use that is to be condemned.

CLEAN MILK.

The profession is coming to realize more and more every day that clean milk is an absolute prerequisite in infant feed-

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ing; that without it, no matter how accurately and scientifically prepared, ill results are sure to follow. Due attention must be paid, not only to the teats and udder of the cow, but cleanliness of the hands and clothing of the milker, as well as all utensils in which the milk is kept. Moreover, what the cow eats and drinks are also matters of the highest possible concern.

The more lactic acid there is in milk the less is it suitable for the child's stomach. The bacteria producing lactic acid fermentation come from the teats of the cow, while the pathogenic ones come from handling the milk.

SHALL THE MILK BE RAW OR PASTEURIZED?

Nature and logic would seem to be on the side of giving it "raw." Certain it is that in heating the milk to such a temperature as to destroy the contained bacteria would bring about chemical changes which sooner or later would be injurious to the child, because its nutritive properties are interfered with, if, indeed, it is not rendered less digestible. I grant you that in large cities, where milk has to be brought a long distance, subject to constant churning in transportation, to say nothing of the liability of being diluted and "doctored," pasteurization may be necessary. The average vendor of milk seems to cling with wonderful pertinacity to the song learned in childhood days when in Sunday school—"Yes, we will gather at the river," and in consequence the milk furnished the consumers in our large cities is not as pure and free from bacteria as that found in smaller ones and in the rural districts. Hence it is that heating the milk sufficiently to destroy the contained bacteria may ofttimes be necessary, but when it can be avoided it certainly should be.

MILK LABORATORY.

In 1891 Dr. Rotch established in Boston a milk laboratory, the first, so far as I know, where physicians could send prescriptions and have them filled as you would have an ordinary prescription filled at the drug store. Since that time numerous others have been started and I am sure have proven of great value to physician and patient alike. However, the fact remains that no amount of modification, no matter how skillfully done, can convert cow's milk into the breast milk of the mother. The proteid of the former differs radically from that of the latter, being in the former four-fifths casein, while in the latter it is only one-third, the remainder being albumin and globulin.

The amount of milk given at each feeding will, of course, vary with the age of the child, ranging from an ounce and a half at birth with intervals of two hours, to six or eight ounces at eight or nine months old, at intervals of four hours. The quantity given at each feeding should be carefully inquired into in all cases of diarrhœa; in addition to this, the amount of the proteid as well as the fat. All will usually be found in excess. Children are often given more food than is necessary, rather than not enough, and yet the latter will often be encountered. Mothers, especially young mothers, think every time the child cries it is hungry, and food is administered. This is a grave error. A tablespoonful of pure cold water would be better, particularly during the heated season.

Too much care cannot be exercised in keeping the nursing bottle, with all its attachments, perfectly clean. A bottle with long rubber tubing attached should not be used under any circumstances, as it is impossible to keep the tubing clean; it should be of such a character as will allow of its being turned inside out and thoroughly cleansed, and when not in use should be placed in some alkaline solution until it is to be used again.

As soon as the child has had sufficient food for one meal the bottle should be removed from its side. Too often the child is allowed to go to sleep with the nipple in its mouth, and through its half-waking moments it will take a few pulls at the bottle and drop to sleep again. In this way the stomach is kept full of milk, some of it partly digested, while the re-

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mainder is not yet acted upon by the digestive fluid. To call attention to a duty so plain as that just mentioned seems uncalled for and out of place, but it is surprising how frequently it is disregarded. The nursery should be supplied with the most careful and minute details as to the preparation of the food, as well as its manner of administration. The sources of contamination are so numerous, both before and after it is received at the home, that nothing but the most painstaking care will prevent it. The child itself—its hands, clothing, etc.—are also means by which the milk may receive impurities. Hence the necessity for cleanliness of both body and raiment.

SUPPLEMENTARY FEEDING.

In those cases in which the supply of mothers milk is not sufficient to meet the demands of the child, the deficiency should be made up by properly modified cow's milk, but under no circumstances should the child be deprived of what the mother has. The little one is much less liable to attacks of indigestion followed by diarrhœa when it has the small amount the mother furnishes than when it has not. This part of its nourishment should be reserved for the night hours, to conserve as far as possible the mother's rest and strength, the better to prepare her for the labors of the following day.

THE BABY'S COLD.

BY PARK L. MYERS, M. D., TOLEDO, OHIO, PROFESSOR OF CHEMISTRY, TOLEDO MEDICAL COLLEGE.

(Read before the Ohio State Pediatric Society at Dayton, June, 1903.

There is no more interesting study in the physical sciences than that of Temperature.

Formerly, heat was a sort of emanation from a heated body, a rarefied substantial something that passed through space and acted and reacted on and from matter. A reduction in quantity of this emanation was less heat; and it's absence was cold.

We think we know something more of heat today.

We now call it a form of motion—an atomic agitation—and as it accomplishes changes, as it moves matter in many ways, we still call it a force. Let there be less agitation—a greater degree of atomic rest, and cold is the comparative term by which we express the change.

But what, exactly, the nature of this force is; whether it be an imponderable substance; or whether all matter is but vortices of ether vibration—is not so certainly settled as it was.

That the condition of temperature is a most constant determining factor in all mineral, vegetable and animal life generation, is very easy of demonstration.

It's operations are on a scale so vastly great, that only a continent offers a chart space large enough to depict them. And again, it's world is a molecule, and it's movements so fine that we can only discern them through the microscope of analogy and speculation.

What is life, but the exhibition of movements under tents of limited temperatures. For, observe that all *lifes* cease with too much or little of the sheltering temperature.

Given 150 degrees above freezing, or 50 degrees below freezing, and between them you have the range of practically every form of so-called organized life. Above 150 degrees, both the vegetable and animal cell fail to hold themselves together. Below 20 degrees the microbe and the monarch shall lie down together, and the tiny hand of cohesion shall gather them into peaceful crystals.

We can surmise that, given temperature low enough, and even the curious life of crystals would be arrested in eternal peace.

Even as every substance that can unite with oxygen has its definite ignition point—its definite degree of temperature at which it finds itself impelled to join its mate;—even as matter has a definite degree at which it changes its condition from solid to liquid, or from liquid to

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gas; so is there, reasoning from both observation and analogy, a definite temperature of probably minute range, at which each and every earthly substance is best formed.

The higher the form of life, the smaller the temperature range under which the necessary reforming and growing materials are gathered.

Or rather—or perhaps—this statement should be the reverse.

Thus, the aggregation of substances whose life range of temperature is small, gives rise to the most complex—the highest forms of organization.

There is no one set of apparatus in the economy of man, which is more interesting to the student, than his automatic thermostatic apparatus. A winter and a summer plant. A heating and refrigerating plant combined. An apparatus that can ventilate, heave in coal, shut off draft, clean out grates, blow out flues, and meanwhile maintain a temperature constant at 98 to 99 degress!

Think of primitive man, amid the glacial ice, or at a torrid equator; and of modern man in an ice chest or the boiler room of a man'o'war. Think of him in the quiet of healthful slumber, or in the fierce waking of polemic warfare—from pole to pole—from cradle to grave—or more properly speaking, from conception to dissolution—with temperature practically unchanged.

Is it then much of a stretch of speculation, to conceive that this even temperature—this certain degree, is absolutely necessary to the formation of those substances which are again necessary in the routine called Life? And that a failure to maintain such degree is sure to be followed by alterations, or formation of other substances than those required for normal life?

If this is deemed acceptable, it is an easy corollary, that every secretion, every tissue—every cell—depends for its exact structural integrity upon a maintenance of proper temperature. And that a more or less variation thereof, will give rise to secretions of changed reaction and consistance, and tissues more or less foreign to their habitat.

I have outlined briefly a broad theory, that I think can be verified by observation in a wide range of animal or life phenomena. But it is particularly in that class of respiratory troubles, which the laity group as "colds", but which we learnedly classify into many "organitises", that, I wish at this time to call upon this theory to help our study.

A glance at the statistics compiled in the office of the Secretary of State for 1902, shows some 35,000 deaths from all causes in the state of Ohio, during the preceeding year.

A little calculation brings out the fact, that of this number, about 1,000 were children under five years of age, who died from respiratory diseases.

It is the commonest observation that a vast majority of these deadly sicknesses are preceeded by that congested, altered condition of the air passages called a "cold".

Medical men are pretty well agreed that the term "cold" is a misnomer. But as long as we know not the exact nature of heat, maybe it is not so far astray as we are wont to think.

We can be reasonably certain that in the majority of cases, a "'cold" is an evidence of an undue increase in the degree of temperature—a "heat", rather than a cold. And it may, or may not, be followed by a noticeably rapid change of temperature. I expect the time to come when we may distinguish between colds from "over" temeprature and those from "under" temperature. But I will attempt no such differentiation here.

Let it suffice, that an over, or under temperature, continued for a period, leads to the production of elements—toxins—foreign to the system.

A disturbance to the auto-thermic apparatus, leads to increased efforts at adjustment. As the transpiration of vapor through the skin and respiratory mucous membranes is the most notable method of bringing about adjustment of temperature, and the removal of some effete

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or foreign products, it is in these organs that the earliest and most apparent manifestations of alterations occur.

The qualitative alteration in the skin and sweat is not so easily made manifest; though I have no doubt that future study will demonstrate it. But the changes in the mucous tracts, and the elimination of abnormal substances in the respiratory secretions, is common experience.

Witness the proof in the warning sneeze, the increase of mucus, the quickened respiration, and the altered timbre and resonance of the voice.

Now a new factor enters.

The stream of air, that is hurried into the human furnace, to urge a readjustment of temperature is, unfortunately, alive with its myriads of spores and bacteria.

In the normal ethmoidial sinuses, they are *limed* to their death. For late bacterial studies show conclusively, that all healthy mucous surfaces have a pronounced bactericidal action. But given an altered secretion, and we have an antiseptic condition exchanged for a culture medium; with the natural following of colony implantation, propagation, alteration of contiguous tissues from bacterial growth, irritation, leucocyte proliferation, exudation, coryza, schneideritis, pharyngitis, diphtheria, laryngitis, bronchitis, croupous and lobar pneuminia, etc.

In but two of these diseases is there any agreement as to a constant morphology for the invading bacterium. And in these, diphtheria and pneumonia, there is abundant proof that they do not thrive in healthy mucous secretions.

We are prepared to believe, that without a lowering of "resistance" in some way, infection would be impossible.

In a "cold" we offer the opinion, that this "lowered resistance" consists of a changed secretion.

Without bacteria, the readjustment of temperature, and the elimination of altered products would soon be effected, and normal resistance restored.

With bacteria, a new element of intoxication is introduced, followed by results only limited by the kind and vigor of the bacteria and the skill of the doctor.

Clearly then, the duty of the physician, in his efforts to prevent respiratory diseases amongst our children, and reduce the awful 1-35 mortality, can be summed up as follows: To study and teach to the laity the causes of temperature disturbances; to provide, or suggest, means for ready and quick adjustments of the same; and as physicians, to recognize the all-importance of rendering the mucous soil sterile—regardless of specific bacteria; never forgetting that bacteria have always been on hand, and perhaps always will be, in a hopeless profusion of quantity and quality.

First, then, as to the cause of temperature disturbances:

I believe this to be most often a matter of over heating the baby. In a modern home, where summer temperature reigns the year round, winter flannels, or equally warm cottons or silks are kept on, night and day. An infant cannot sit up and toss a blanket over the footboard. It can cry; but this is usually interpreted as either hunger or cold, and it is snuggled up to its warm mother or nurse, with an extra shawl.

Or if, when older, it squirms a leg out, or kicks the cover down to help ventilate an over heated body, the doctor or grandmother advises putting the baby in a flannel bag, with cul-de-sacs for sleeves and legs, and a neck puckerstring.

I need not take your time with pictures. All of us are familiar with the sweet, sweated morsel of humanity, which is proudly handed to the doctor to "see if it has grown any". I will not stop to specify the adjustment of the clothing to the baby's condition. Born with an apparatus capable of protecting our temperature in the nude, we can reasonably expect some difficulties in adopting the draperies forced upon us by the follies of the Eden modistes.

But it is important, and I would urge upon the physician that he acquaint him-

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self with the "feel" of normal temperature; that he should warn parents against over-solicitous care—particularly over heating—which by over working the heating and cooling functions, breeds the "cold", contaminates the tissues and paves the way for frequent and at times dangerous recurrences.

What can we do to provide for quick readjustment?

Favor the spontaneity—the elasticity—of the auto-thermic functions. It is remarkable what degrees of temperature the surface of the newborn babe can withstand under favorable surroundings. Who has not seen a baby given its first bath in a room of 50 degrees temperature; with water at 40 degrees, rubbed ied with a coarse crash towel, dressed in rough seconds; and yet grow and wax strong without sign of infant coryza?

How often we use water alternately at 50 degrees and 150 degrees to resuscitate the new-born—without an after cold?

Clearly it is not the temporary heat or cold that makes abnormal products. And the nearer to nature the body, the longer period of exposure to unusual temperatures can it stand without abnormal products.

The cool water or air bath; the friction with bare hand, or cloth, the molecular rub of alcohol—all act to the thermostatic functions, like gymnastics to the muscles.

Probably the wetting of the baby's skin, with the hand, with cold water, with body bared to the air of the common room temperature, night and morning, rubbed dry with the naked hand—probably this routine alone, would prevent enough respiratory trouble to seriously cripple many doctors' incomes.

And now, given a cold, what may be done to prevent the growth of bacteria and the resultant specific inflammations?

Following our theory, let us prevent as much and as quickly as possible, the alterations of respiratory secretions.

Never neglect nature's alarum: the sneeze. Put the baby through a thermostatic gymnastic immediately.

The skin with its dense layer of horny epithelia and acid excretion, is not so liable to invasion as the seiving nasal mucous membrane. Hence we can most safely direct our efforts at elimination of the overheated products, through skin channels.

Answer a sneeze with the rubbing of the head or body, or both, with the dry hand. If symptoms continue, give an alcohol rub.

Pure, sweet, bactericidal alcohol can fetch a blush of blood to the skin, and thereby increase its output in a marvelous manner.

If the disturbance continues—if the alterations have been too long in existance—if congestion of mucous membrane, and exudation is already apparent then should we resort to therapeutics proper.

Give that remedy which more than any other, reverses the action of the thermostatic apparatus, viz.: opium. Opium lessens respiratory mucous membrane congestion, and stimulates circulation and transudation in the general integument.

Add to this a general and local antiseptic, and the indications are filled.

The field of therapeutics is large.

The mentality of the patient, the earnest assurance of the doctor and other environments, so often enter into the considerations of cures, that we cannot wonder at drug skepticism. But these two main factors do not enter into the work of the Pediatrist. His is an opportunity to practice unadulterated therapeutics, free from the perversions of self or suggestion.

We all have our pet drugs and methods. Many of them we use only because our fathers did; or because of impressions gathered from occasional or accidental successes.

Other remedies we reject from equally insufficient causes.

Mindful of these human weaknesses, it is with diffidence, that I suggest a line of remedies. Yet so assured am I

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after fifteen years' experience, in the superior efficacy as a general and safe antiseptic, of the coal tar products over any other class of remedies, especially in respiratory affections, that I risk a breach of modesty.

The most popular general antiseptic today, judging from the routine prescribed in text book and at bedside, is calomel. There is no doubt as to its general antiseptic powers, and its eliminative action. But I believe it inferior to phenacetin and acetanilid, especially in cases without dyscrasias. While calomel is powerful for good, it is also powerful for bad. It quickly alters nearly every normal secretion of the body, as can be quickly ascertained by any self-experimenter; and hence is capable of doing wrong, when used as it commonly is, whenever the young (or old) doctor does not know what else to do.

Phenacetin does not alter normal secretions; it is equally tasteless and unirritating; and it is a most efficient synergist of the thermostatic apparatus in bringing about a peripheral stimulation—a skin elimination—and thus by relieving the cause, relieving the aches and pains incident to "cold" toxemias.

Again, its solution is a local antiseptic of splendid power.

Putting these ideas together in a prescription, we have:

R.

Paregoric (opium, benzo. ac., alcohol) drachm, 2.

Para-acetphenetidin (or acetanilid), drachm ½.

Alcohol, drachm 2.

Syrup Tolu, q.s. ad. oz. 2.

Sig: Give from 10 drops to 1 teaspoonful, every half hour till skin is moist and ease obtained.

THE BABY—HIS RIGHTS AND EXPECTATIONS.

(A SHORT BUT NOT UNUSUAL AUTOBIOGRAPHY.)

BY WILLIAM W. PENNELL, M. D., FREDERICKTOWN, O.

(*Read before the Ohio State Pediatric Society at Dayton, Ohio, June 2*, 1903.)

I am a baby. Without any desire on my part I was ushered into human existence. During my voyage to ordinary mundane consciousness I was subjected to severe pressure applied laterally and longitudinally, by which force I was propelled, twisted and rotated until I was received by a gruff gentleman. This gentleman looked me over and pronounced me all right, after which he wrapped me in a scratchy blanket and laid me on a cushion in an old rocker near the stove where one side of me roasted, while the other froze. Of course I protested as loud as I could because the blanket stung me, and I was nearly frightened to death by having the hired girl come within an ace of mistaking me for the aforesaid cushion.

Had I been consulted, after passing through such an ordeal, and being ushered into a radically different life, I would have chosen a soft cloth wrapped around my body first and then the blanket, previously warmed; for, you see, my skin was sensitive, and I was susceptible to temperature; and I formed a poor opinion of the habit of using a chair for a bed for new babies.

I heard the gruff gentleman complimenting my mother about the fortitude which she had displayed; but she very solicitously inquired about my welfare and he assured her that he would be careful regarding me, and that she should give herself no uneasiness.

Imagine my horror, after such assurances, when he ordered the nurse to wash me with soap and water by means of a rag. The room in which this outrage was committed had a temperature of about 65 degrees. I call it an outrage

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because never before in all my being had I undertaken bathing exercises except where the temperature was 100 degrees, and all the blood, nutriment and other necessaries, that were brought to me were of the same warmth. But now, when I had to breathe for myself and my lungs were just newly expanded to admit oxygen to the dark blood that came to them from the right ventricle and deprive the same fluid of its noxious qualities, the touch of water in that room made me shiver. The unpleasant sensation of soap and water was intensified by the fact that my skin was bare of perfected epithelium because of my prolonged swim from Point Conception to the Island of Birth. Although I again protested with all my might by lustily raising my voice (and this protest was my salvation) yet he ordered the nurse to wash on. My chin quivered with resentment and distress and my fingers and toes became blue with cold, no one paid the slightest attention to my wishes. I had expected to have a bath of clean lard or oil to free my integument of all intra-uterine deposits and protect its tender and susceptible state from the inclemencies of the room. Besides, when this kind of a bath was completed I would have been clean, and the blood that was returned from my legs and arms would have been warm and prevented the chill which I otherwise had. But the nurse washed and rubbed. Soap and water were unsuited to the work expected of them; in the folds of my skin there remained masses of cheesy varnish, while elevated portions were, here and there, deprived of their fragile epithelial protection.

In after days I had a troublesome coryza as a result of my cool bath, and a tormenting itching of the skin from the scouring I had received.

Of course I fretted because of my uncomfortable state. But day after day my baths were administered, and I became inured to them, but it was many days before all the caseous material was removed from my elbows, armpits, groins and popliteal spaces; not until some of the cheesy deposit had fermented and, with the rubbing, caused what the gruff gentleman called eczema, and the nurse had to pour on talcum or other powders. The itching which this eczema occasioned was so intolerable that I spent hours in crying when it was my right to be at rest. Then I was dosed with catnip, peppermint, paregoric and soothing syrup, to check my complainings, and made to swallow various foods because I was imagined to be hungry, when I was vexed and harrassed. Was it any wonder that I puzzled my brain with the inquiry: "Do all other babies, born free and equal, have all their rights and expectations wrested from them because they cannot make themselves understood?"

For, by pursuing this course toward me, my digestion became impaired and my bowels constipated; my days were painful and my nights sleepless. In addition, and contrary to my anticipations, the nurse failed to keep the umbilical region clean, and my nose was saluted with continuous foul odors. She compelled me to lie for hours with soiled and soppy napkins, and failed to administer a sip of water now and then. Of course, I knew that it was my right to have these matters different. Had I been the Creator, the first faculty I would have given a baby would have been speech, and the first idea in a nurse, to do as she woud want to be done by.

Well, after my digestion was impaired and my bowels constipated, I was given castor oil, castoria, or other laxatives, when I was wishing that the causes of my woes could be removed, as one would reasonably expect, and then their effects would manage themselves.

To add to my discomfort, my mother's health did not rise to the exigency demanded. The consequence was that while her milk was enough in quantity, it was sadly lacking in quality, and given to me at irregular intervals, when I had the right to expect regular meals. Then I was allowed to nurse at nights when I

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expected to be compelled to sleep. The result was an increase in my constipation with formation of curds, vomiting, high fever, colic, and a symptomatic or constipation—diarrhea, the discharges being foul smelling. Instead of changing my diet and clearing the intestines as I very loudly demanded, I was given an opiate which at once relieved my pain and checked the diarrhea, but it also sent the mercury in the thermometer higher; I became delirious. Somehow, nature became kinder than my attendants by causing my stomach to become so rebellious that it rejected everything that was poured into me, medicines and all, while my bowels disposed of their irritating contents and their toxic products, and my temperature became normal again; but that avoidable spell of sickness left me pale and weak and perhaps more susceptible to intestinal disturbances than before.

My mother's health improving some, I was kept at the breast and had what my grandmother termed baby-brashes, but I know them to be brashes that no baby has a right to have unless his expectations of healthful food and care are unfulfilled.

With returning health, my mother's milk improved in quality and ease of digestion. My skin cleared up, my sleep was peaceful and I began to thrive. The people that called wanted to take me in their arms, pinch my cheeks and chuck me under the chin, while they made all sorts of remarks about my appearance and applied their questionable mouths to mine. These attentions I resented, as any right-minded baby should, and then they called me timid and "strange." For my part, I think the legislature should enact a law declaring such acts assault and battery; teach those persons to take one of their size, and who can choose his embraces.

I did not have an uninterrupted return to health after my mother got better. There were days when she over-exerted herself. when her tasks sapped her strength; this usually left for me a diminished amount of milk of inferior quality, and such excesses of hers were usually followed by an indisposition on my part. Otherwise, I found that normal labor and exercise provided me with the best of nutriment; so much so that I strongly suspect that if my mother had led a dawdling, sedentary life that the quality of her milk would have been as poor as when she overworked. Later on she had a return of menstruation, and with each monthly discharge her milk was distasteful, and of difficult digestion; but after the menstrual period had passed, the milk resumed its normal condition. I expected that she would provide me with different nutriment the next month, but she failed to see the connection between my condition and hers until I had had three or four recurrences. Soon after, I was weaned and given a bottle of cow's milk, and I did very well until the bottle and its hose became infected with sour milk, and then my troubles were renewed; but by this time my mother had taken the hint that most all the avoidable troubles of infancy arise from unsuitable foods, and that when baby gets sick the first thing to do is to clear the bowels and administer antiseptics; so that as a bottle-fed baby I did not remain sick very long, and had no recurrence after she fed me wholesome, sterile food. She found, that with proper nutriment, the evils of dentition are reduced to almost nothing, and that unavoidable diseases are quite manageable. But after I began to creep she recognized another right peculiarly the baby's. That was to keep the floor clear of all hurtful and dangerous articles, especially those that I could get into my mouth; for, once I sadly frightened her by getting a pin into my mouth, and at another time she was worse alarmed by my being choked by a paper-wad that I had found and appropriated.

In conclusion, I believe it would be to the interests of babyhood for us to form an association the object of which will be to promulgate and enforce our rights and expectations in order that our lives may be lengthened and our days be happier.

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DISCUSSION

BY DARLINGTON J. SNYDER, A. M., M. D.,
COLUMBUS, OHIO.

Mr. President and Gentlemen of the Society:—The very unique manner in which Dr. Pennell has presented "The Rights and Expectations of the Baby", should certainly elicit the hearty approbation, the meritorious enconiums of this society.

Neither the wisdom nor the sagacity of the medical profession has ever been able to foresee, much less to calculate, the enormity of the ills to which humanity is heir, through the tyrranical proscriptions, irrational disregard and, sometimes, the criminal neglect of the rights and expectations of mother—and babyhood.

It would not be putting it too forcefully if we should claim that sixty per cent. of the degeneracy in the racial struggle for supremacy of right over wrong, is traceable to this fertile source of evil.

It is deeply to be regretted, that a matter of such far-reaching interest, has not long since been installed as a fundamental part in the educational formulae of every home of our fair land.

In the discussion of the rights and expectations that are inherent to baby-life, it must be remembered that the mechanic, the physiologic and the medical conceptions do, by no means, exhaust the claims in fact.

If the medical profession would associate the mechanic, the anatomic, the physiologic and the chemical, with the psychic phases of life, the fakes of so-called Christian Science would very soon explode and fade away, and the system of rational medicine would receive an exaltation and an accentuation that would paralyze the charlatanism, ignorance and superstition along these lines; and that which is more to be desired, Christianity would be given its true scientific relation to legitimate medicine—that of consistent obedience to the laws of conception, growth and development, both personal and racial.

The mechanic performance of baby's anatomy, while they may suggest tribal traditions, do most emphatically point upward to the higher psychic realm for their better interpretation, and in these interpretations we shall find the data for consumate life.

The fitness of the physical mechanism of the baby must include the fitness of its origin, and will ever be found to reside in the determining factors of the soul. As long as medical therapeutics and chemical law leave out of their logic of formative life, the spiritual element as a fact in embryo-cell development, so long will the unity of life be broken, and clashing inharmonies of life prevail.

The perpetuity of the God-endowed normal conditions of baby's body and also the perpetuity of true racial development, must depend on the fidelity of parents and of those who are to become parents, in recognizing in a practical way the influence of the soul on embryonic life and on its subsequent development.

The fact just stated appeals to me as the inherent right of every baby born into the world. Deny the baby this right and there will, at once, be opened the floodgates of incarnate hell against personal, social and civic life. Let modern medicine and up-to-date physiology divest themeselves of the erroneous principle that these physical phenomena in the baby's every day life, are mere mechanical contrivances without the vital spark of endowed inner life, and let this doctrine become the fundamental teaching of the rule and conduct of all who, one day, will be fathers or mothers, then there will be secured to babyhood the rights that will be sure progenitors of a better and nobler humanity. To the consummation of this purpose, let the physicians, the teachers of physiology and hygiene, the medical colleges and universities, become the liberal and enthusiastic expounders of this basic law of life.

Let fathers and mothes inaugurate the home upon a higher plane of living, with

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the laudable and holy purpose of perpetuating, through their sons and daughters, the ethical psychics which so divinely conserve typical physical function. Let the baby's rights be recognized in the dynamics of personal living, at least, one or two generations before his advent into the ills of objective life; then, there will come forth most sanguine hopes of a close approximation to the apostolic standard of physical life: "I beseech you, therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service."

There is no retreat from the fact that the bioplasmic centers of life and growth in baby's body have presiding over them a pre-endowed essence which is more than matter, an essence which imparts determinative force and direction to all subsequent habitual life and character.

That it takes three generations to make a gentleman has its foundation in the scientific fact that the baby's rights and expectations are to some degree pre-determined by the physical and the ethico-religious life of the parents and grandparents. The generations of children now living and enjoying the best educational advantages which nineteen centuries have given to the world, should in some potent way be taught the vital reciprocity of harmony and unity that should obtain between the bioplasmic cell-life of the physical and the psychomental essence. Here it is, that we must search for the philosopher's stone that will turn the God-given susceptibilities into habitual nobility; here it is, that we are to awaken formative factors of religious and ethical character that will inaugurate and put into perpetuative channels, a patrimony that will forever secure to the baby the inherent right to be well-born.

In behalf of the babies yet unborn, let me say that the members of the medical fraternity can consistently, and should professionally, become specific centers from which shall emanate words of admonition and good counsel, so natural and co-ordinate with the routine of services in theoretical contact with the home life of their patrons.

It is my firm belief that if the physician will take this felicitous attitude in the way suggested, he will not only greatly enlarge his own efficiency, but will do more to produce better motherhood and, therefore, more to secure consummate rights to the babies than any other human means.

Mr. President, I have been very much interested in Dr. Pennell's excellent paper. The doctor has portrayed the rights and expectations of the baby in story form with the brilliancy and enchantment of modern romance. A plea for the baby's rights is a plea for release from many of the pernicious ills that are today, like so many parasites, feeding upon the vital life of human liberty.

THE WINTERING OF CHILDREN.

BY MARK MILLIKIN, M. D., HAMILTON, O.

(Read before the Ohio State Pediatric Society, at Dayton, June, 1903.)

The care of children from October to May, in this latitude, is a subject on which mothers speak of with sighs. It is the handkerchief season among the well to do, and the time of excoriated upper lips among the poorer children. It is our busy time, which means that our little folks are more or less indisposed.

But why write of the management of children in winter? It is an old problem to us of the temperate zone, and cannot be solved in an easy, pleasant manner at best. However, I venture to say that winter has some terrors which were almost unknown a few years ago.

Our essential needs are food, heat, clothing and shelter. In these things more changes have taken place in the last thirty years than in the preceeding three centuries. As our requirements are greater in winter, these necessities influence us more at that season. They bear especially upon the children, who at

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all times live a more protected life than their elders.

And with all this modification in our methods of living there has been practically no adaptability on the part of the various organs. We still have, as Lauder Brunton remarked, the same kind of stomachs as the cave dwellers who dined on hyena. If we wish to attain the highest degree of physical efficiency we must go back and practice the manners of primitive society. The business man, tired and worried, leaves for the wilderness. There he gets less shelter and clothes, and in consequence more fresh air and sunshine. Even the athlete reverts to primitive ways when training for an event. The child, if not afflicted with over-refinement, is a pretty good sample of a savage, and like him bears poorly the luxuries of civilization.

It was a wise saying that we commanded Nature by obeying her laws. The object of this paper is to show some ways in which Nature's laws are disobeyed, and how the good old nurse revenges herself.

In the past fifty years changes have taken place in our manner of living that are so great we probably do not as yet comprehend them. We are, very likely, in the midst of a domestic revolution. Fifty years ago every house was possessed of an open fire-place. As coal became common and wood scarce, the ordinary grate followed. Later the Franklin stove became prominent. In the early seventies that abomination, the anthracite stove, came in. It is now among the antiques, but its successor, some form of Oak stove, is better only because it is less flatulent. In the better grade of houses, furnaces and steam plants are universal. In the houses of the poor, the kitchen and the adjoining room are the down stairs apartments in constant use. Up stairs is a bed room heated by a register from a stove below; or worse yet, another stove; or worst of all, an oil or gas stove without provisions for carrying off the products of combustion. In the business buildings you frequently find the humidity of the air as low as 20°. The conservation of heat seems to be the architect's only aim; humidity of the in-door air concerns him not at all. The furnace agent talks glibly of the water tank, and how much water is evaporated every day, but the tank is generally misplaced. In my furnace, with all its jim-cracks, the tank was below the fire box. It required about a week's time to evaporate a gallon of water. Later the tank was moved up, and before next winter's discontent it shall rest on the radiator itself.

Air at 32° F. can contain 1-160 of its weight of moisture; at 59° F., 1-80; at 86° F., 1-40; and so on, doubling every 27 degrees.

Air coming from out at 32° and passing over a furnace and warmed to 75° has greatly increased capacity for moisture which is not sufficiently satisfied. The colder the air the dryer is the house as a rule. Air which is 50% to 60% saturated is most acceptable, though the nostrils feel more comfortable when in a greater humidity. It is estimated that the average adult inhales about 300 cubic feet per day, and in that time the nostrils give off about seventeen ounces of water. This is sufficient to saturate more than 350 cubic feet of dry air at 98° F. We know that the air from the lungs is saturated. As the respiratory tract must supply this required moisture, it follows that the dryer the air inspired, the more the mucous membranes have to do.

In a recent work on climatology, the following account of Arizona's desert occurs: "The absence of moisture has a marked influence upon the bodily functions. There is no sensible perspiration. The skin becomes hard and the hair crispy. Cystitis is not unusual and some persons will urinate only once or twice a day."

The mouth, nose and fauces become dry and give rise to follicular pharyngitis tonsilitis and chornic rhinitis. This is the kind of air we breathe twenty-three hours out of the twenty-four, during the

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winter. If it causes catarrh in the various forms in those who are out in the open, exposed to the sunshine, what will it do in the house? The answer is plain. As soon as the babies are housed up, we doctors become busy. As soon as they are let loose in the spring then we have time to think of the Pediatric Society.

Arizona's air seldom has as little moisture as our homes on a cold day; and no climate ever possessed the changeability one experiences in going out of doors in zero weather.

It used to be a belief of mine that the fear of moist air, drafts and a temperate indoor climate was distinctly a Teutonic trait, bred in the bone after many generations of peculiar stories and unadjustable bed-coverings. But lately a daughter of the old sort who spent her early days in a thatched cottage, remarked in the month of March that they had just let the children out for the first time. She said that they had been very well though they did have many colds.

The truth is that we all like warmth; it is so pleasant that we endure its disagreeable accompaniments. To the grandmother once accustomed to the chill of the old-time bedroom, a warm house is a luxury. If it is good for her, it must be good for her grandchildren, and she acts accordingly. Her grandchildren, if she has anything to do with it arise in the morning with dry nostrils. They look, in the slang of the street, "all bunged up." They want nothing to eat, of course. Perhaps, though, a cup of coffee is taken. About nine o'clock, when the effects of the hot, stuffy bedroom wear away, the child wants something more substantial. From now on to supper-time it is round after round of nibbling and piecing, and the grandmother proves herself the "bete noir" of the pediatrician by acting as mistress of ceremonies. Did she not do it? she asks, and thereby she bowls over by the mere question new-fangled theories as to children's feeding.

But what a difference! The old lady, when a child, lived in a cool, well-ventilated house. No furnace belched forth the air of the desert. She awoke with that sensation rarely experienced by the present day child—a cold nose. The effect on children of this almost tent life is greater oxydizing power. If any child is able to nibble between meals it is the one who comes nearest to living out of doors. Surely it is not the little denison of the flat, the mansion or the cottage of to-day. Besides, the edibles of the present day are more difficult for the child to manage. Bologna sausages, bananas and candy make a trinity we know too well.

Was there ever a time when people wore as many clothes as now? And yet, are acute diseases of the respiratory tract, and rheumatism, which are supposed to be prevented by this style, on the decrease? We are gradually getting some sense on clothes for summer, but very little for winter. Perhaps the doctor has more to do with the excess of apparel in the winter than he would care to admit. He realizes that he cannot do much medicinally in acute diseases of the respiratory tract, but he is apt to advise the application of a jacket. The parents remember this and love him for it. Indeed it is the only thing in the management of the case that does appeal to already a little amulet hung on the chest, of eclesiastical origin, and this paves the way for another big one which is sanctioned by the doctor. If a flannel fetish is common ground for religion and science, we must not scold the mother when she removes from her child layer after layer of clothes. Her inference is that warmth is necessary, and her logic is good. Then the whole family goes mad on pads, plasters, flannels and overcoats, with the defenceless child bearing the brunt of its parents' foibles. An indoor life, a dry atmosphere, an excess of sweets, meats, coffee and clothes are conducive to many ills. The resistance is lowered. An acid intoxication results. When one sees the way the majority of children live during the winter one is surprised that any survive.

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How can child life in winter be improved? Something can be done. This Society could do no better act than to investigate the humidity of school rooms. It might address a circular letter to the manufacturers of heating apparatus calling their attention to the fact that an abundance of fresh air is not the only thing to be considered. In the homes of our patients it should be known that we are on friendly terms with the hot water kettle, and will always look for it. Yes, we should even look with favor on the steaming wash boiler. Monday is the best day for the children of the whole week, with its moisture and frequently opened doors. We should be very careful about our little stereotyped remarks. It is so easy to be lead into making insane speeches about drafts, dampness and other bug-a-bors. The difficulty of teaching people what they don't know is to be ever in mind; and conversely, the ease with which they learn what they already knew is to be remembered.

This paper is not a plea for the good old times. The author is not yet old enough to squint that way. He merely wants to mention a few of the most glaring errors so easily possible in this age of material prosperity.

SIMPLE CYST OF THE KIDNEY, DIAGNOSIS AND TREATMENT, WITH REPORT OF TWO CASES.

JOSEPH F. FOX, M. D., TOLEDO, OHIO.

(Read Before the Ohio State Medical Society, at Dayton, June, 1903.)

In selecting the subject of simple cyst of the kidney, for my paper to-day, it is not my intention to attempt to give anything new or original, simply to present, as nearly as I am capable, the present view of the profession on this somewhat rare affliction. Also to report the result of the two cases which came under my care for treatment.

Simple cysts should not be confounded with other cystic, and more frequently met with tumors of the kidneys; such as the small cyst so frequently found in the granular kidney; nor the cystic degeneration, where the organ is converted into numerous cysts found congenitally or in the adults; this condition is usually bilateral and not amenable to surgical treatment.

Cystic distension of the whole organ which results from obstruction in the ureter, usually known as hydronephrosis, may lead one into error, as well as the para-nephric cyst, which develops in the tissues immediately surrounding the kidney, and at times forms a connection with it, also the probably more rare form known as the hydatid cyst.

The simple cysts are found as a thin-walled globular tumor, of varying size, containing a pale straw-colored fluid of low specific gravity, containing frequently a considerable amount of albumen, and occasionally mixed with blood. It is claimed also that rarely the contents are thick or of a consistency of jelly.

These cysts are harmful only when they attain to large size, and by pressure cause atrophy of the proper renal tissue, as well as to interfere with health from their bulk. Morris says, "Probably not one-fourth of them reach a size large enough to attract attention during life; and not one-third could be detected if deliberately sought for by palpation."

The origin of these cysts seems to be uncertain; some observers claim they are caused by obstruction of the uriniferous tubules, or by a constriction around the neck of the capsule of Bowman. Others that they may arise from the conversion of the cellular layer in the Malpighian corpuscles into serous cysts, or from the dilatation of tubes or Malpighian capsules. They are met with in any part of the organ and upon either surface, but are probably more frequently situated at one or the other end of the kidney.

These cysts vary much in size, from that of an orange, and even much small-

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er, to that of a large sized ovarian cyst. In cases where the cysts project from the middle of the convex border of the kidney, and has attained a great size by its pressure finally both the cortical and pyramidal portions are destroyed, and the cyst extends to the renal pelvis, but does not open into it, being separated simply by the thin wall of the cyst. A small portion of renal tissue may be left at the top or bottom of the kidney, that is normal in function and appearance.

It is claimed by some writers that the large simple cysts are far more frequent in women than in men, Tuffier gives the proportion of twenty to three. They occur in either kidney alike, but very rarely that they occur bilaterally; in this respect they differ from the cystic degeneration which is practically always bilateral.

Persons in middle and advanced life are those usually afflicted. It is very probable that these cysts are caused by a local obstruction in the tubule in which they originate. Whatever may be the cause or nature of the obstruction, we know that the contents of these cysts may be chemically alike. In looking over the literature on this subject, in not a single instance have I been able to discover a case where the fluid withdrawn, in any particular resembled urine.

Where a single capsule or tubule is obstructed originally, and the secretion accumulates behind the obstruction, gradually distending it, finally transforms it into a thin-walled cyst. This may form the renal cyst that is of slow growth, which is the condition in the majority of cases.

We have some cysts on the contrary which grow extremely rapid; it is barely probable that in these cases several tubules are obstructed and that the resulting cysts break into each other, and then expand as a single cavity, growing more rapidly in proportion to the secreting surface exposed by the original obstruction.

The symptoms accompanying a renal cyst are very slight in the beginning, as the tumor grows larger so it can be detected by the patient, pain becomes more severe, usually of a dull aching character and gives rise to a sensation of weight limited to the loin, especially after much exertion. The general symptoms are sickness after taking food, rheumatic pains, weakness and inability to work, cardiac weakness and dropsy of the lower extremities have also been noticed. Emaciation, increasing debility and finally great prostration may mark the growth of a cyst to a large size. Morris says: "The urine usually remains regular in quantity and normal in amount."

The diagnosis in the early stages of renal cysts is as a general rule sufficiently easy. The renal swelling fills one flank, and extends forward in the subperitoneal connective tissue, carrying the peritoneum forward; this accounts for the fixity and immobility of the tumor and for the dullness of percussion in the loin. At the same time the ascending or descending colon, according as the tumor may be right or left sided, is pushed forward and is found coursing over the front of the tumor. Uusually the colonic tympany can be demonstrated in all cases, with sufficient accuracy to become reasonably certain that the tumor is located posterior to the colon, and in this manner make a differential diagnosis between the cyst of the kidney and one of the liver, spleen or omentum. In the latter cases, it would be always anterior to the colon.

When the cyst occurs in a displaced kidney, where the organ may be located anywhere within the abdominal cavity, and a renal cyst develop under such circumstances, would render a recognition of the true condition extremely difficult. Still more improbable would it be to arrive at a correct diagnosis, when the cyst has reached a size which fills the entire abdominal cavity.

The numetrous mistakes recorded, which have occurred in connection with the differentiation between large renal cysts and other cystic tumors of the abdomen, is sufficient proof of the difficulty which is encountered.

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The treatment by puncture which was much advocated in the past, in connection with the treatment of cysts of the kidney, is rapidly coming into disfavor. It is an unsurgical procedure, and liable to lead to very dangerous infection.

Where the cyst is not very large, it may be removed, preferably by a lumbar incision, and where the greatest portion of the kidney remains healthy, the cyst may be dissected away, and the fresh cut surface of the organ closed by suture. Another plan recommended by Morris, is to stitch the closely trimmed walls of the cyst into the lumbar incision, and drain, after the secreting surface of the remaining cyst wall has been destroyed by pure carbolic or nitric acid.

A partial nephrectomy may also be done by the lumbar incision, where a portion of healthy kidney can be saved.

Primary nephrectomy is only indicated where the cyst is of great size, and has by pressure practically destroyed the entire kidney, or where the remaining portion of the organ is hopelessly diseased. The operation, I think, is better accomplished, where the cyst is very large, by opening the abdomen.

I wish briefly to report the two cases which came under my observation.

Case 1. Mrs. B. presented herself at my office, Aug. 24, 1895, by direction of Dr. S. for examination and opinion. Patient's age 44; had seven children. Youngest two years old, always enjoyed good health, and led a very active life. About one year ago, she noticed a growth in her abdomen which enlarged quite rapidly, and was now giving her much pain and a sensation of weight and dragging on slight exertion, accompanied by a great deal of prostration and weakness. Examination revealed abdomen distended to about the size of a seven months' pregnancy, by a globular cystic tumor. The patient declared when she first noticed the tumor it was located as now, low down in the abdomen and slightly to her right. A vaginal examination showed the pelvic organs normal, and I felt satisfied that they were not involved in the growth although the mass could be distinctly felt through the vagina.

Temperature and urine normal.

No tympany of the colon could be detected, the tumor closely hugged the right side of her abdomen, and in its enlargement, gradually encroached in the direction of the median line, crowding the colon away and the small intestines as well. The tumor had obtained such a size where it was no longer covered by the colon, and percussion revealed simply the dull note of its liquid contents.

Diagnosis of a probable cyst of the right kidney, or of the omentum, was made, and operation for its removal advised. The patient was anxious to obtain relief. She was prepared and operated on three weeks later.

The abdomen was opened in the median line, on learning that the cyst was one of the kidney, with nearly the entire organ destroyed by pressure from the tumor. On examination of the left kidney, with my hand in her abdomen, it was found to be in normal position and in a healthy condition, as far as could be ascertained by manual palpation, also the previous examination of the urine showed it to be normal. Since the diseased kidney had been almost entirely destroyed, the urinary function was mainly performed by the left kidney. I reasoned that the system would not be robbed much by the loss of the two small remanents remaining of the right kidney.

After tapping the cyst and withdrawing about three quarts of a pale fluid, the organ was removed without any difficulty. Examination of specimen showed that the tumor had destroyed the entire kidney tissue down to the pelvis, simply a small portion of it remaining at the two extremities of the organ.

I want also to mention that a small sac was discovered in the pelvis of the kidney, resting against the tumor, containing about one ounce of pus. The patient made a splendid recovery, at no time manifesting any urinary symptoms. As a further proof of her good condition, she two years after this operation gave

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birth to a child at full term, and has since remained in good health.

Case 2. Mrs. Z. was seen in consultation with Dr. G. Nov. 23, 1898. Patient aged 70. Confined to her bed, extremely emacinated and weak, dropsy of both lower extremities; appetite poor, slept badly. Examination revealed cystic tumor in her right loin, nearly the size of an adult head, the colonic tympany could not be demonstrated, owing to the size of the tumor, having crowded the colon toward the median line. Tumor was noticed by patient for nearly one year, enlarging quite rapidly, causing her much pain and a sensation of weight in her side. A diagnosis of cystic tumor of the right kidney was nade. On account of her age and extreme weakness, I did not feel justified in advising operative interference, and recommended pallative measures.

Before leaving my patient, she exacted a promise from me that I would operate on her, in case she would not be satisfied with the result of the treatment outlined. Scarcely one week had elapsed when I received a message from the attending physician stating that she was very anxious for relief, and wanted an operation. Accordingly, December 3rd, after fully explaining to herself and her family the risk in the undertaking, the operation was done.

The incision was made over the prominence of the tumor, somewhat to her right. After evacuating about two quarts of a straw colored fluid, it could be ascertained that the kidney was almost entirely destroyed; similar to the case just reported, the kidney with cyst was removed. The operation was not lengthy, and patient lost very little blood. After about twelve hours' struggle against shock, patient commenced to rally, and made a perfect recovery. I saw her again about one and a half years later, and found her the picture of health, weighing 130 lbs.: her weight at the time of operation had been reduced to 80 lbs. Very recently I had a letter from her physician, stating that she is still living, now 75 years old, and enjoying splendid health.

407 The Spitzer.

STAMMERING: ITS CAUSE AND CURE.

BY J. S. HANSON, M. D., SANDUSKY, OHIO.

(Read before the Ohio State Pediatric Society at Dayton, O., June, 1903.)

Gentlemen: My attention having been directed for some time to that most trying affection of the nervous system, "Stammering," and feeling that the subject has not yet obtained that consideration it deserves, I have been induced to read this paper, with the two-fold hope of attracting your attention to it and hearing your discussion on it.

The natural history of stammering is, of course, dependent upon the natural history of speech, and to understand it rightly we must first analyze speech itself. What is speech? It is a conscious act—an effort of the body resulting from an effort of the mind; it is voluntary as a desire of the mind, but the power to effect speech may either by physical or moral cause be out of the control of the will. Let us trace this more in detail. For abstract mind to act on abstract bodily organs, such as the larynx, etc., it is necesary that there should be a medium; this medium may be called the mental energy of the will acting on the accumulated nervous force of the motor organism of the body. In this medium I believe the original cause of abnormal speech to exist. By tracing the several most distinctive steps by which speech is affected, I will show more clearly what I mean.

1. Ideas are received, arising either from immediate sensations or originating in the brain in an abstract manner, and are arranged into proper succession by that organ.

2. The will determines to give this train of ideas expression in any way it can. If this distinct faculty did not exist the ideas would only remain as what we ordinarily call thought. So far the acts may be called mental.

3. The third step is the stimulation to action of the motor nervous system which is connected with the organs of speech.

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4. The nervous mechanism thus stimulated causes the vocal apparatus to play its proper part. This is speech complete, as regards its most distinctive phenomena; each step is tributary to the one above it, and as long as these act in harmony on one another, fluent speech is the result. The question now is, where in this chain does stammering enter?

The first and last of the processes here enumerated have, in my opinion, no essential concern in stammering at any period of life. Any one must know that the first—the elaboration of thought—may be, and is, as much in the power of the stammerer as the most fluent speaker. The last element necessary for the possession of the power of fluent speaking is a sound and proper vocal apparatus and this I believe to be in no way deficient in the stammerer, for these reasons.

Most, if not all the stammerers, can and do sometimes speak fluently if you let them alone, and perfectly free from anxiety; moreover, many stammerers have remarkable and deep toned voices. Now, a few sentences spoken perfectly only once in the whole of their lives is proof sufficient that the vocal apparatus is equal to the operation of speech.

Nor do I imagine that the second compliment of speech—the desire to give utterance by physical act to internal thought—is in any way necessarily in the stammerer originally; if there is a peculiarity of this kind, what is it? It must either be an excessive or deficient energy. Now, if either of these faulty degrees of energy existed on the subject of speech when articulated, we should, probably, find the same excess of desire, and consequently the same defect, in the inarticulate cries of the infant before speech is complete, for their inarticulate cries include this second element quite as much as articulate speech does—it is, in fact, the mode of utterance of the infant; but in these cries there exists no spasmodic action; they are in all points as fluent as in any other child; the difficulty does not, in fact, arise until a more complex action is thrown upon the motive powers. Moreover, if the disturbance in speech arose simply from an excess or deficiency in the desire, I think we should be likely to find the same peculiarity existing in the other mental functions of the individual. My belief is, that stammering originally arises from an infirmity in the third element of speech, namely, the motor nervous power; that there exists in some individuals an idiosyncrasy amounting probably only to a too great irritability or sensibility of fibre, in that part of the brain which controls the motions requisite for speech, and that this peculiarity exposes it to be most easily disarranged and driven into spasmodic action by the ordinary mental desire to speak. The peculiarity, I believe to be only a difference of degree of sensibility rather than any difference in kind of structure.

Articulate and perfect speech is compounded of the conjoint associate action of different groups of muscles. Groups of muscles, when they are associated by habit in their action, are generally much averse to being isolated; and owing to this circumstance, different habits and functions to which the body is accustomed are not prone to disarrangement; but in the groups of muscles that effect articulate speech there are two sets which have a distinct and separate action originally, inasmuch as one begins the act much sooner than the other. I refer to the set connected with sound and the set connected with the articulation of that sound; the first we will demonstrate the laryngeal, the second the articulative, or muscles of the fauces and mouth. I believe the peculiar weakness of the motor influence in the stammerer manifests itself in the incapability it shows in putting these two sets into harmonious action. The infant, from th ecommencement of life, is accustomed to use his laryngeal group of muscles from his first cry; this is the voice of the infant and during his infancy the laryngeal sound and laryngeal modifications are the only points requiring attention. After a time he instinctively further modifies these vocal sounds by peculiar conformation of

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the mouth and fauces; but it is some time before he adopts the acquired habit of altering these combinations according to any recognized principle. At length, chiefly by means of imitation, he discovers that certain modifications of voice represent certain fixed ideas. From this time dates the commencement of articulative speech and the source of stammering. There is an influence of great amount —the effect of simple habit and association and that wholly independent of any mutual or physical causes.

It is to be observed that stammering is peculiar to certain nations and languages, while others may be considered almost free from it. Those nations whose language is most rhythmical appear to be least liable to stammering. The Chinese never stammer when using their own language, but sometimes do when using the foreign. You have never heard of a North American Indian stammering. Have you ever noticed how much more common stammering in the adult is among the well educated than among the poor and illiterate, whose powers may be said to be more in a state of nature.

When the person is vigorous and robust, stammering is increased. When in general delicate health, stammering is improved. When very much exhausted and nervous energy relaxed, it is better again. The theory I have put forth does not necessarily infer that no robust people stammer, or, rather, that spasmodic and nervous diseases do not exist in healthy people; for a local nervous mechanism may want tone; it only shows that tone of body generally relieves stammering.

In entering on the subject of treatment, I must draw a line between physical and moral remedies and say that in proportion as the sufferer partakes of the characteristics of the continued class, in that proportion do physical remedies suit his case; while moral means are more adapted to the intermittent. Remedies—if the subject has the moral mastery, recommend him to inflate his lungs well. Observe the conduct of an ordinary person speaking under great excitement of mind from terror, etc.; he inflates his lungs most fully. Then, what the ordinary person under extraordinary excitement instinctively does the stammerer may employ consciously with great advantage.

Dr. Arnott's system of "er" is more useful in colloquy than in reading, as conversation is more prone to interruption. In using this method the intended words must slip out immediately; as it is no use to speak thus:—"er — — — when do you intend to leave?" etc. Other methods are. omitting obnoxious letters; freedom of lower jaw; keeping mouth wide open and and giving free play to tongue. Besides these there are a number of tricks —take oblong piece of wood of size and shape of a pine burr quite sharply pointed and hold in the hand and if the person finds he is going to stammer, let him press it and the pain will divert his attention. There are a number of other tricks, based on the same principle as this. Reading aloud alone is often of great benefit, if done continuously. The moral remedies are (1) To reduce mental emotion; (2) Not excite mental emotion by attempting unnecessarily to read or speak; (3) To elude mental emotion by taking advantage of any little artifice to escape from stammering; (4) To strengthen physical power by any means which induce to the general health. There are a number of operations which have been performed successfully: (1) A transverse section of the root of the tongue extending through nearly its whole thickness; (2) A sub-cutaneous transverse section of the root of the tongue through a puncture of the mucous membrane; (3) A transverse section of the root of the tongue with excision of a triangular piece throughout its whole breadth and thickness; (4) Separating the Fraenum Linguae from its attachment to the lower jaw and divide the fibro-cellular membrane beneath it; (5) Divide the sterno-hyoglossi muscles at their origin. This last method is the one that I have seen most used and believe it gives the best results.

We have considered the terms "stammering" and "stuttering" as strictly sy-

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nonymous and have employed the word stammering to designate all kinds of defective utterance. There is a difference, however, between stammering and stuttering, though the treatment is intrinsically the same. Stammering is characterized by an inability or difficulty of properly enunciating some or many of the elementary speech sounds, either when they occur at the beginning or the middle of a word, accompanied or not, as the case may be, by a slow, hesitating, more or less indistinct delivery, but unattended with frequent repetitions of the initial sounds and consequent convulsive efforts to surmount the difficulty.

Stuttering on the other hand is a vicious utterance, manifested by frequent repetitions of initial or other elementary sounds and always more or less attended with muscular contortions.

You may notice the difference between the two—(1) The stammerer speaks commonly better when by being observed, he watches himself and only shows anxiety under particular conditions, while the stutterer begins to stutter more violently when he is observed—showing spasmodic anxiety and oppression; (2) The stammerer betrays his fault both in recitation, singing and rhythmical speaking, while the stutterer does not; (3) The stammerer never exhibits any irritation of the organs of inspiration and circulation, nor nervous or spasmodic phenomena and may be able by the power of will to overcome his fault, either partially or entirely, while the stutteror exhibits an irritation in his respiratory organs and determination of blood to the chest and head, which increases in proportion as he endeavors to overcome the impediment, when nervous and spasmodic phenomena show themselves in the region of the chest, neck and head; (4) The stammerer has not the least difficulty in the formation of voice; he betrays his fault both in speaking aloud and in whispering. Stammering is like a horse that will not or cannot move, while stuttering is like a stumbling animal I am sorry our time limit is so short, as it makes in an impossibility for me to go into more particulars in regards to this most trying affection of the nervous system.

Stammering can be permanently cured, but it requires time and patience, and a fixed determination to succeed. Look well to your patient's health, stop their use of tea, coffee, and tobacco, as they excite their already excitable nervous system. Discontinuing them will aid you greatly. Persevere and you will conquer.

I thank you for your kind attention.

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EDITORIAL

THE OHIO STATE PEDIATRIC SOCIETY.

The last meeting of the Ohio State Pediatric Society, at Dayton, was one of the best in the history of the society. The good fellowship characteristic of the members was more prominent than ever it was before. Some very able papers were read, which elicited much discussion. In this issue of the COMPEND will be found a number of the papers and we, therefore, have called this number the Ohio State Pediatric Number.

These papers deal with the general care of the baby and every physician who reads them will be greatly benefited.

The following officers were elected:

President—Dr. E. W. Miller, Cincinnati.

First Vice President—D. G. Reilly, M. D., Dayton.

Second Vice President—W. W. Pennell, M. D., Fredericktown.

Sec. & Treas.—William Clark, M. D., Cleveland.

Memebers of the Council—Drs. O. T. Maynard, T. Clarke Miller, Alfred

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Friedlander, J. M. Dunham and Walter H. Merriam.

Committee on Growth and Prosperity —Drs. Wm. A. Dickey, Darlington J. Snyder and C. L. Patterson.

DR. ORPHEUS EVERTS.

The Cincinnati Sanitarium has, by the death of Dr. Everts, lost one of its most esteemed and able physicians. Dr. Everts who was superintendent of this institution passed away on June 19, after a lingering illness chiefly manifested by a gradual exhaustion of the centers of organic life. He has been at the head of the medical staff of the Sanitarium for twenty-four years, and goes hence from a long life of usefulness, crowned with the love and esteem of all who knew him.

Dr. B. A. Williams, his efficient associate for many years past, will continue with the institution in charge of the same general staff and equipment.

The services of Dr. F. W. Langdon have been secured as special consultant to the Sanitarium, and he will co-operate reularly and actively in its medical administration.

Patrons may therefore be assured that patients entrusted to them will receive the same intelligent and skillful supervision and treatment that has characterized the conduct of the institution in the past.

Selections and Abstracts

COCA INCREASES ASSIMILATION.

The efficacy of Vin Mariani as a tonic does not lay in its property as a nervous-stimulant, but in the more effectual and lasting property arising from improved assimilation, thus provoking continued support. This is scientifically explained by the physiological action of Coca upon the several systems of the human organism. Aside from any cerebral action Coca is a depurative of the blood, freeing the stream from a burden of waste products, which, manufactured through ordinary wear and tear in the vain struggle for existence, may, because of some physical imperfection, have been improperly eliminated. The presence of these waste products not only interfere with assimilation, but precede a long train of following troubles such as rheumatism, gout, diabetes and liver and kidney disease. But man must work, while habit or environment is not always hygienically condusive to normal repair, yet knowing this, perhaps, he still must labor on under unfavorable conditions. It is in such cases that Coca acts as a remedy veritably magical. Consider the poor Indian, who toils, amidst the greatest hardships, over the bleak and rugged Andes at an altitude where mere existence is a serious problem! He is supported through these struggles by Coca alone. Similar systemic results to those that beset him are met with in the midst of the most advanced civilization, and may be offset in a similar way. Scientific cleverness has adapted the primitive methods to modern conveniences. Vin Mariani presents all the efficacious possibilities of Coca in a form that is at once convenient, agreeable and positive.

MELANCHOLIA, INSOMNIA AND GENERAL LOWERING OF NERVE POWER.

In a very forceful and exceedingly interesting paper on this subject, published in the *Cincinnati Lancet-Clinic*, Dr. T. D. Fink, of Louisville, Ky., writes the following: "I am convinced that there is no other remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headache, emotional distress, and active delusions of apprehen-

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sion and distrust as Antikamnia Tablets. These tablets also increase the appetite and arterial tension, promote digestion, and are particularly serviceable in relieving the persistent headache which accompanies nervous asthenia. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, they are of peculiar service. Patients who suffer from irritable or weak heart, needing at times an analgesic, can take them without untoward after effects, knowing that the heart is being fortified. In delirium tremens, they relieve when there is great restlessness with insomnia and general lowering of the nerve power. The pain of locomotor ataxia yields to treatment with Antikamnia Tablets in a remarkable degree, their analgesic power being of a peculiar kind, in that they will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc., also lumbago, sciatica and myalgia. In chronic catarrh of the stomach, with its often accompanying headaches, in cardiac dropsy, and in ascites, they are of decided benefit."

OPPENHEIMER INSTITUTE.

As will be seen by refrring to our advertising pages, the Oppenheimer Institute, whose Executive Offices are at 170 Broadway, New York, now have in operation 7 institutes for the treatment of alcoholic and drug diseases. They have made remarkable progress in the development of their business in the brief time they have been advertising in medical journals, and it is not to be wondered at when we consider their remarkably strong Board of Directors, to say nothing of their influential Advisory Directors and latterly their Woman's Auxiliary, which shows that they are giving a great deal of attention to the humanitarian side of their undertaking.

The business is conducted in full accord with the principles of medical ethics, which, together with their splendid record in relieving cases of alcoholic and drug diseases, has put them on a firm footing.

Every patient is carefully examined by a competent medical authority as to physcal condition and history. He is then treated personally as his symptoms demand and for this purpose physicians of long experience in general practice and trained for this special work at the Institute are in attendance.

AUTOMATIC NURSE FOR BABY.

SWISS INVENTOR HAS ONE HE THINKS WILL DO THE WORK.

A Swiss mechanic claims to have invented an automatic baby's nurse. The apparatus is attached to a cradle. If the baby cries air waves cause specially arranged wires to operate a graphophone, which sings a lullaby, while, simultaneously, clockwork is released and rocks the cradle. When the crying stops the wires cease to vibrate and the cradle stops rocking.

In no instance has the announcement of a remedy been productive of so much interest by the medical profession, as the notice given Satyria.

Satyria promises to serve a part in so many distressing cases, both acute and chronic, and is a genito-urinary tonic in the truest acceptance of the term. It has a special action upon the entire tract organs and glands of the genito-urinary system, while at the same time being one of the best nerve reconstituents on the market.

Satyria is not an experiment, it being compounded of valuable remedies long known to be useful, but under forms so crude and distasteful as to forbid their general use. Satyria is put up in a pleasant, non-irritating form, with aromatics sufficient to not only make a perfect, palatable preparation, but to increase the activity of the remedies carrying all the virtue of the drugs in a form to be quickly assimilated, which is the result of both a scientific and experimental study that began years ago.

The formula of Satyria may be seen in the advertisement of The Satyria Chemical Co. in this journal.

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NEW INSTRUMENTS.

A NEW SUSPENSORY BANDAGE, CONSTRUCTED ON ANATOMICAL LINES.

BY FERDINAND KING, M. D., PH. D., NEW YORK.

The prime object of a suspensory bandage is to support the testicles by suspension, but the bandages found in the shops do not accomplish this purpose. On the other hand, they act rather as compresses than as "lifts."

I desire to call the attention of the profession to an improved suspensory, in the construction of which I have made it to conform, as nearly as possible, to the anatomical outlines of the parts involved. In other words, I have attempted to make an artificial scrotum.

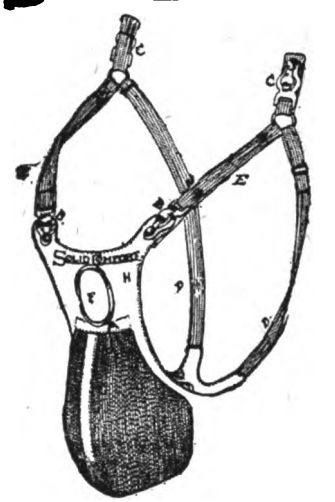
The accompanying illustration shows the appliance so clearly that but few details are necessary to help the reader to an intelligent understanding of its most important features.

The body piece, H, fits smoothly and firmly over the parts between the thighs. The scrotum, with its contents, slips through an oblong, half-oval opening into the bag which is stitched onto the front or outside. The band at A presses firmly into the peno-scrotal notch and prevents the testicles slipping upward and through the penis opening (F.) And as there can be no slipping, of course there can be no chaffing of the parts.

The belt-straps are attached to the upper wings of the body piece (BB) by means of the Kantslip catch, the button of which passes through an eyelet, and can be easily detached.

These straps meet the understraps at C C, where another Kantslip catch is placed for attaching the combined ends to the undershirt, thus making a "beltless" appliance. If, however, the wearer prefers a complete belt, he can have it by attaching an eyeletted piece of webbing and extending it from C to C.

The body piece and bag can be detached and washed without the elastic or metal parts coming in contact with the water.



The appliance, when properly fitted and adjusted, is really and truly an artificial scrotum, and supports the testicles without the slightest compression, displacement or pinching.—*Medical Record.*

200 West Ninety-ninth Street.

COLLARGOLUM, THE VARIOUS INDICATIONS FOR ITS USE, THE METHODS OF ITS EMPLOYMENT, AND THE MECHANISM OF ITS ACTION.

BY PROF. NETTER, OF THE TROUSSEAU HOSPITAL, PARIS.

Abstracted from the Bulletins et Memories de la Societe Medicale des Hopitaux de Paris,

Since publishing his first experiences with Collargolum, Prof. Netter has used it in over 130 cases, both in the form of Unguentum Crede and by intravenous injection. The latter is used when a quick and energetic action is necessary or when the condition of the skin will

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not permit the absorption of the ointment. The favorable influence of the medication is not always immediately noticeable and in some cases it must be frequently repeated.

Improvement is manifested in various ways. The most constant and most important phenomenon is the change in the general condition. The patient feels stronger, becomes more animated, losing depression and stupor. Many of the typhoid patients sat up in bed spontaneously, showed interest in their surroundings and asked for drink and even food. They looked brighter, their cheeks assumed more color, heartbeats became more regular and the pulse improved in strength. Even when temperature was not modified, the disease lost some or the whole of its infective and typhoid character. These changes occurred with extreme rapidity, often almost instantaneously. Temperature fall took place promptly and definitely, though not in every case. The duration of the disease was often abbreviated and quick convalescence followed.

One of the typhoid cases had intestinal hemorrhages on the twentieth day; but recovery took place in spite of them. Another one, treated with Collargolum, had a relapse. Some very bad cases and some in which treatment was begun too late, could not be saved.

Prof. Netter has had extremely satisfactory results in nine pneumonias, nine typhoids, fourteen broncho-pneumonias of all kinds, and four severe scarlatinas. In the diphtheria pavilion especially the treatment has given marvellous results in thirty-seven cases; several malignant cases that seemed necessarily fatal were cured. He was also well pleased with the results obtained in a puerperal infection, in one infectious and in one rheumatic endocarditis. He cannot sufficiently recommend the employment of intravenous Collargolum injections in acute endocarditis, from any cause, following Wenckebach. In two cases of pulmonary tuberculosis in the third stage and in six cases of tubercular miningitis no results were obtained.

Prof. Netter does not entirely attribute the action of Collargolum to its antibacterial properties. He believes that its catalytic power is of even greater importance and shows that all the colloidal metals are powerful catalysators. What the modifications of the blood are which the colloidal silver produces, Prof. Netter is not yet prepared to say. Analogy and hypothesis alone are at present available. Experimentation, though surrounded by difficulties, will doubtless furnish direct proofs, and will, he hopes, permit us to markedly enlarge the great field of therapeutical application for Collargolum.

In college, one ought to acquire the habit of seeking the truth and liking it for its own sake, in a disinterested way. One's logical faculties ought to get good training, in order that fallacious reasoning may be easily analyzed and disposed of. Scientific study should have as its great object the training of the powers of exact observation and accurate analysis.—From "Journalism," by Albert Shaw, Ph. D. in the June *Cosmopolitan*.

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is indicated as a prophylactic remedy against post- partum hemorrhage, uterine weakness, great development of the fetus and of the adnexa, and in those cases in which there is a disposition to hemorrhage.

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PRACTICAL EXPERIMENTS IN THE TREATMENT OF ANEMIC CONDITIONS.

BY FRITZ EULER-ROLLE, M. D., OF VIENNA.

In the following I desire to describe in some detail the action of an iron preparation which, owing to its great advantages, deserves a permanent place in our materia medica. The preparation referred to is Pepto-Mangan (Gude), which unites in a fortunate manner those qualities which we have a right to demand of a ferruginous remedy. In the first place it contains besides iron a second constituent of importance in the formation of blood, namely, manganese; and, secondly, both of these are present in a neutral solution, which is the more to be valued since because of this fact it disturbs neither the gastric nor the intestinal functions. For this reason we are enabled to submit every case of chlorosis at once to ferruginous treatment, irrespective of the condition of the gastro-intestinal tract. Other authors have called attention to this advantage. Heitzmann emphasizes particularly how well the preparation is tolerated, and that, unlike other chalybeates, it does not have an injurious influence upon the digestive organs, but even increases the appetite.

Ripperger considers the preparation as a very useful and easily assimilated remedy, free from any disturbing effect upon the digestive tract.

In my own experiments with Pepto-Mangan (Gude) I have exceeded the limits of its indications hitherto maintained, inasmuch as I became convinced that this preparation should not be confined especially to cases of chlorosis and anemia, but would effect improvement in other diseases attended with weakness and exhaustion, or at least maintain the nutrittion of the patient, since the peptone which it contains acts as a nutrient and deserves consideration. On this point of view I based the first series of experiments, consisting of 11 cases, in which the general result was very satisfactory. These comprise 1 case of tabes with gastric crises, 1 case of obstinate vomiting in pregnancy, 1 case of esophageal cancer with severe stenosis, 4 cases of diabetes mellitus of slight degree, 3 cases of the uric acid diathesis with arthritis, and, finally, 1 case of leukemia. The second series of observations related especially to cases of chlorosis and secondary anemia, the latter comprising 14 cases, so that altogether 25 experiments were made.

In the following I have made a selection from this number, and almost every case illustrates the remarkable value of the preparation.

J. P., aged 33 years, butcher's assistant, consulted me June 2, complaining of constant vomiting and very violent colicky pains which occurred soon after taking food of any kinds. The vomited matter contained almost always the entire food ingested, and on one occasion a moderate quantity of black coagulated blood. Pressure upon the stomach was quite painful. The diagonsis of ulcer of the stomach, to which the symptoms pointed, was discarded after a more thorough examination revealed symptoms characteristic of a tabes dorsalis. The patient within a short time had become markedly emaciated, having lost eight kilos in weight. He had acquired syphilis 12 years previous during his military service. The attacks affecting the stomach therefore proved to be gastric crises. After they had dimished in frequency and intensity under the use of hot poultices and strict diet, Pepto-Mangan (Gude) was prescribed at the beginning of July. At first three tablespoonfuls were given daily, added to milk, and later, when it was found that the preparation was well tolerated, it was increased to six tablespoonfuls. After the sensitiveness of the stomach had gradually subsided the patient could be discharged from treatment in the middle of August, having regained his weight with the exception of a trifle, while the crises had completely ceased.

In a case of uncontrollable vomiting in an anemic woman, 24 years old, during

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her first pregnancy, pepto-mangan was administered in the quantity of three tablespoonfuls daily, to which were added small amounts of cold milk. Hot applications with the thermophor were also employed. After less than four weeks the patient was discharged from treatment, improved, without any loss of weight.

Another observation relates to a case of inoperable cancer of the esophagus. The patient, 62 years old, had suffered since about one and one-half years from the neoplasm, but up to six weeks ago had been able to take, without any trouble, soft foods. Since that time, however, he had been able to swallow only small amounts of fluid. One morning, as usual, he had introduced a stomach tube himself, but during its withdrawal experienced violent pain. Since then he had constantly expectorated blood. Under the use of morphine injections and the application of the ice-bag to the thorax, rest upon the back, and complete abstinence from any food, his condition improved, and on the following day a nutritive enema, consisting of milk, eggs and red wine, with the addition of four teaspoonfuls of Pepto-Mangan (Gude) and 20 drops of tincture of opium, was

(Concluded in our next.)

Book Reviews

AND THE PRINCIPLES OF MEDICINE. By Charles E. DeM. Sajous, M. D., Fellow of the College of Physicians of Philadelphia; Society of Philadelphia, etc.; Knight of the Legion of Honor and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, etc.; formerly Lecturer on Laryngology in Jefferson Medical College, and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College, etc. Vol. I., with 42 illustrations. 800 pages. F. A. Davis & Co., Philadelphia, publishers, 1903. Price $6.00.

The author of this most excellent volume needs no introduction to the readers of American medical literature. He is well known as the very able editor of the Annual of Universal Medical Sciences, also the Monthly Encyclopedia of Practical Medicine. In the first volume Dr. Sajous gives the results of his various researches, extending over a period of years, into the physiology, the functions, and the secretions of the Ductless Glands. He also gives the conclusions reached by other investigators, as well as his own. The work is written in a clear and convincing style. Every physician knows the many theories that were needed in the past to explain many facts that were demonstrated clinically. In the volume just published it has been shown how these facts can be explained by taking into account the functions that have been attributed to these glands, their relation to each other and influence upon the vosomotor functions, etc. The author says: "Among the subjects which had received attention during our preliminary inquiry was the physiology of the ductless glands. Although the thyroid body had been studied by a larger number of investigators than the adrenals, the latter seemed to us to present a feature directly connected with the problem, *i. e.*, the marked affinity of adrenal extractions for oxygen. We therefore determined to follow the clue this afforded as far as recorded facts would permit, and to trace its connections beyond the field of physiology if possible. Still, we had little else at our disposal than experiments performed in animals to elucidate the intrinsic functions of these organs. Could such experiments be considered as safe guides in our inquiry? We deemed it advisable to ascertain, first of all, whether the physiological functions of the adrenals were sufficiently similar in all vertebrates to warrant the use of experimental data obtained with lower animals in the study of these organs in man. Such proved un-

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doubtedly to be the case, and we cannot but feel that the results of our investigations — those we will now submit — are based upon solid premises." So far as we are aware, there is no work in the English language which will compare in value to this one. The facts presented seem to rest on a sure foundation.

Every physician and surgeon should possess this work, and even the medical student cannot well afford to be without it. The mechanical execution of this volume is first-class. The second volume, which will be published shortly, will be devoted to the clincal application of the new theories advocated.

FINDLEY'S GYNECOLOGICAL DIAGNOSIS. The diagnosis of diseases of women. A treatise for students and practitioners. By Palmer Findley, M. D., instructor in Obstetrcs and Gynecology in Rush Medical College, in affiliation with the University of Chicago. In one octavo volume of 494 pages, richly illustrated with 210 engravings and 45 full-page plates in colors and monochrome. Cloth, $4.50, net; leather, $5.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

Professor Findley has appreciated the fact that medical literature in the English language has hitherto lacked any work paralleling several important books of which German practitioners have had the advantage. Of course, Americans have a number of excellent treatises on gynecology as a whole, but their great scope prohibits a full consideration of two of the most important bases of the whole structure, namely, the special pathology and diagnosis. In the present work this desideratum is completely supplied. The author never loses sight of the fact that the purpose of his book is clinical, and to this end he focuses in it all the most modern as well as the long-established methods of arriving at a diagnosis. The well recognized procedures for pelvic examinations, the macroscopic appearances and the microscopic findings are all fully represented, special stress being laid on thelatter on account of their great practical importance. "Without the microscope," he writes, "a diagnosis is not always possible," a statement which implies that modern methods in their entirety are competent to guide to a diagnosis in all cases. The author has endeavored to prepare a work equally adapted to the needs of the student and practitioner, and in line with the most modern views. It is singularly rich in engravings and colored inset plates. Of both classes of illustrations an unusually large proportion are original, and all are selected rigidly for the information they convey. We commend this book to all.

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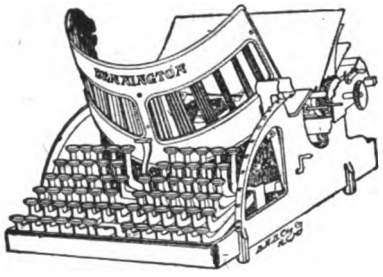

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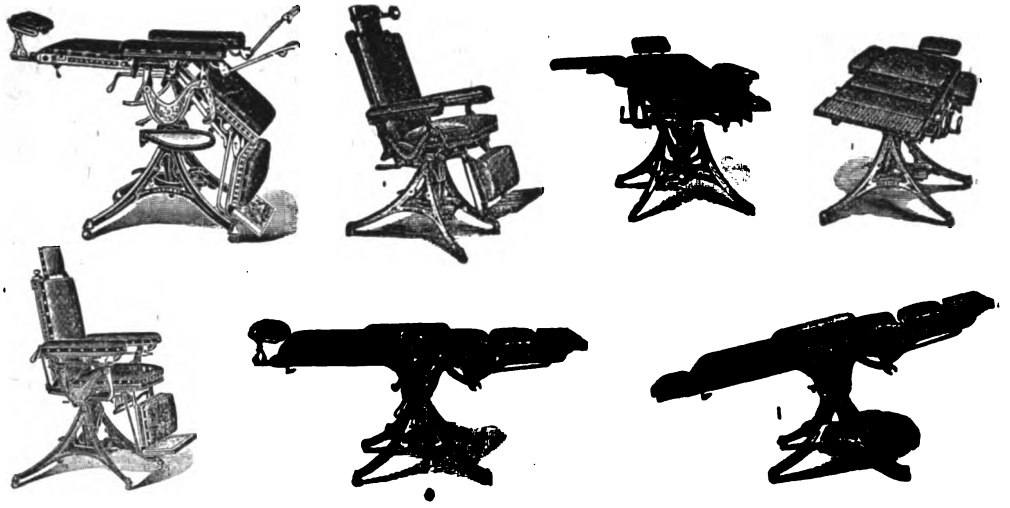

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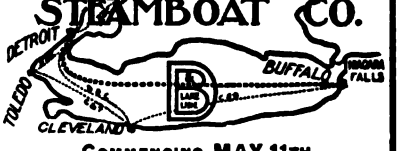

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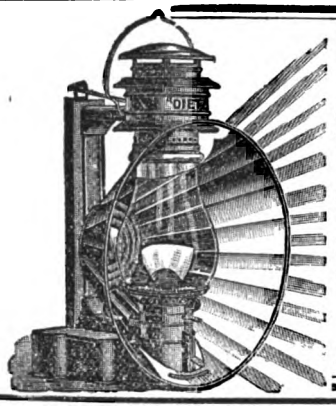

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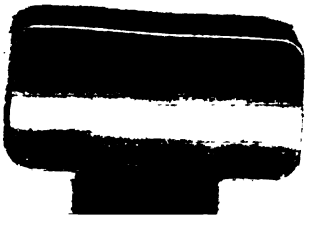

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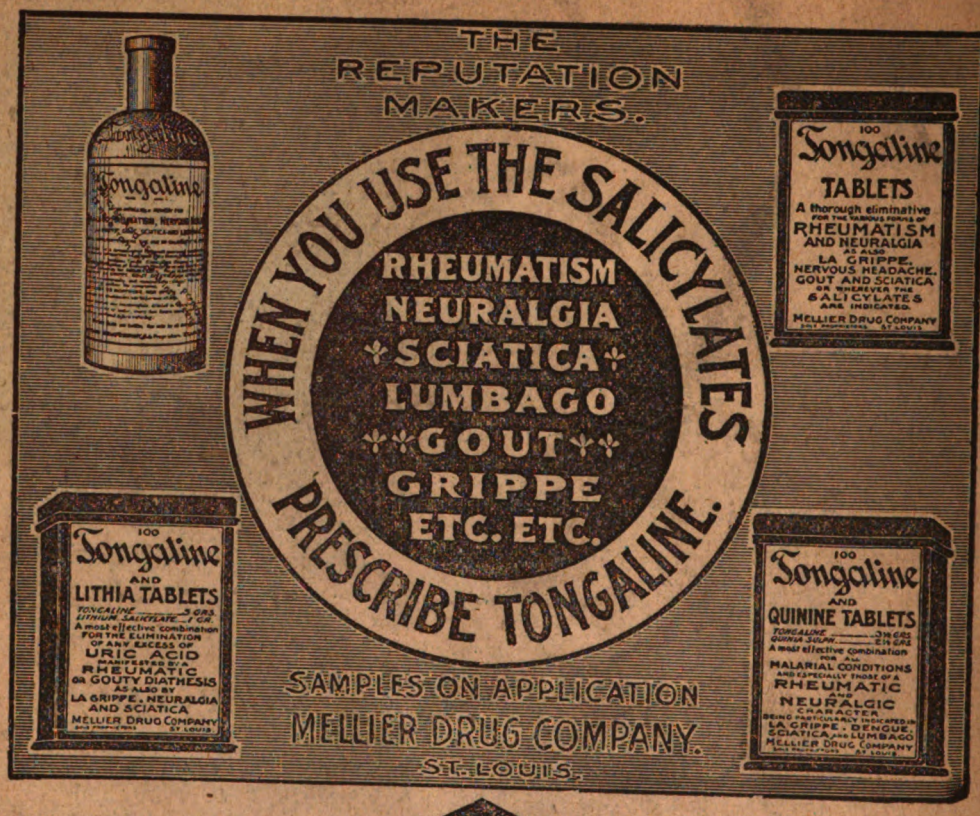

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